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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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DECLARATION FOR  
UTILITY OR DESIGN  
PATENT APPLICATION

Declaration OR  Declaration  
Submitted Submitted after  
with Initial Filing Initial Filing

Attorney Docket Number	BAMER-1
First Named Inventor	
<b>COMPLETE IF KNOWN</b>	
Application Number	
Filing Date	
Group Art Unit	
Examiner Name	

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole Inventor (if only one name is listed below) or an original, first and joint Inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

RAF KINASE INHIBITORS

(Title of the Invention)

the specification of which

 is attached hereto  
OR was filed on (MM/DD/YYYY) 

as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) 

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) or §365(b) of any foreign application(s) for patent or Inventor's certificate, or §365 (a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or Inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority sheet attached hereto.

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

[Page 1 of 5]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner of Patents and Trademarks, Washington, DC 20231.

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## DECLARATION

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s), or §385(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

 Additional U.S. or PCT International application numbers are listed on a supplemental priority sheet attached hereto.

As a named Inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Name	Registration Number	Name	Registration Number
I. William Millen	19,544	Richard J. Traverso	30,595
John L. White	17,746	Diana Hamlet-King	33,302
Anthony J. Zelano	27,969	Richard E. Kurtz	33,936
Alan E. J. Branigan	20,565	Richard M. Lebovitz	37,067
Harry B. Shubin	32,004	John A. Sopp	33,103
John R. Moses	24,983		
Brion P. Heaney	32,542		

 Additional registered practitioner(s) named on a supplemental sheet attached hereto.

Direct all correspondence to:

Name	Harry B. Shubin		
Address	MILLEN, WHITE, ZELANO & BRANIGAN, P.C.		
Address	2200 Clarendon Boulevard, Suite 1400		
City	Arlington	State	Virginia
Country	US	Telephone	703-812-5

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such wilful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

 A petition has been filed for this unsigned Inventor

Given Name	Jill	Middle Initial	E	Family Name	WOOD	Suffix e.g. Jr.	
------------	------	----------------	---	-------------	------	-----------------	--

Inventor's Signature	<i>Jill E. Wood</i>	Date	4/10/97
----------------------	---------------------	------	---------

Residence: City	Hamden	State	CT	Country	USA	Citizenship	US
-----------------	--------	-------	----	---------	-----	-------------	----

Post Office Address	72 Pickwick Rd						
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City	Hamden	State	CT	Zip	06517	Country	USA
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 Additional inventors are being named on supplemental sheet(s) attached hereto

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## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet

Name of Additional Joint Inventor, if any:			<input type="checkbox"/> A petition has been filed for this unsigned Inventor		
Given Name	Hanno	Middle Initial	Family Name	WILD	Suffix e.g. Jr.
Inventor's Signature					Date
Residence: City			State	Country	Citizenship
Post Office Address					
Post Office Address					
City	State	Zip		Country	
Name of Additional Joint Inventor, if any:			<input type="checkbox"/> A petition has been filed for this unsigned Inventor		
Given Name	Daniel	Middle Initial	Family Name	ROGERS	Suffix e.g. Jr.
Inventor's Signature					Date
Residence: City			State	Country	Citizenship
Post Office Address					
Post Office Address					
City	State	Zip		Country	
Name of Additional Joint Inventor, if any:			<input type="checkbox"/> A petition has been filed for this unsigned Inventor		
Given Name	John	Middle Initial	Family Name	LYONS	Suffix e.g. Jr.
Inventor's Signature					Date
Residence: City			State	Country	Citizenship
Post Office Address					
Post Office Address					
City	State	Zip		Country	
Name of Additional Joint Inventor, if any:			<input type="checkbox"/> A petition has been filed for this unsigned Inventor		
Given Name	Michael	Middle Initial	Family Name	KATZ	Suffix e.g. Jr.
Inventor's Signature					Date
Residence: City			State	Country	Citizenship
Post Office Address					
Post Office Address					
City	State	Zip		Country	
<input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto					

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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet
--------------------	---

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name	Yolanda	Middle Initial		Family Name	CARINGAL	
Inventor's Signature	<i>yolanda v. caringal</i>				Date	4/10/97
Residence: City	14 STONE RIDGE LANE	State	CT	Country	USA	
Post Office Address	BRANTFORD					
Post Office Address						
City	BRANTFORD	State	CT	Zip	06405	Country
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name	Robert	Middle Initial		Family Name	DALLY	
Inventor's Signature					Date	
Residence: City		State		Country		
Post Office Address						
Post Office Address						
City		State		Zip		Country
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name	Wendy	Middle Initial		Family Name	LEE	
Inventor's Signature					Date	
Residence: City		State		Country		
Post Office Address						
Post Office Address						
City		State		Zip		Country
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name	Roger	Middle Initial		Family Name	SMITH	
Inventor's Signature					Date	
Residence: City		State		Country		
Post Office Address						
Post Office Address						
City		State		Zip		Country
<input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto						

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**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned Inventor			
Given Name	Cheri		Middle Initial	Family Name		BLUM	
Inventor's Signature					Date		
Residence: City			State	Country			
Post Office Address							
Post Office Address							
City			State	Zip		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned Inventor			
Given Name			Middle Initial	Family Name			
Inventor's Signature					Date		
Residence: City			State	Country			
Post Office Address							
Post Office Address							
City			State	Zip		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned Inventor			
Given Name			Middle Initial	Family Name			
Inventor's Signature					Date		
Residence: City			State	Country			
Post Office Address							
Post Office Address							
City			State	Zip		Country	
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto							

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## DECLARATION

**PRIORITY DATA**  
(Supplemental Sheet)

**Additional foreign applications:** \_\_\_\_\_

Additional provisional applications:

Application Number	Filing Date (MM/DD/YYYY)

**Additional U.S. applications:**

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

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**DECLARATION****ADDITIONAL INVENTOR(S)**  
Supplemental Sheet**Name of Additional Joint Inventor, if any:** A petition has been filed for this unsigned inventor

Given Name	Hanno	Middle Initial	Family Name	WILD	Suffix e.g. Jr.
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Inventor's Signature	Date
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Residence: City	State	Country	Citizenship
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Post Office Address			
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Post Office Address			
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City	State	Zip	Country
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**Name of Additional Joint Inventor, if any:** A petition has been filed for this unsigned inventor

Given Name	Daniel	Middle Initial	H	Family Name	ROGERS	Suffix e.g. Jr.
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Inventor's Signature	Date	5/22/97	
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Residence: City	SAN DIEGO	State	CA	Country	USA	Citizenship	AMERICAN
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Post Office Address	1333 CAMINITO SEPTIMO						
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Post Office Address							
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City	SAN DIEGO	State	CA	Zip	92007	Country	USA
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**Name of Additional Joint Inventor, if any:** A petition has been filed for this unsigned inventor

Given Name	John	Middle Initial	Family Name	LYONS	Suffix e.g. Jr.
------------	------	----------------	-------------	-------	-----------------

Inventor's Signature	Date
----------------------	------

Residence: City	State	Country	Citizenship
-----------------	-------	---------	-------------

Post Office Address							
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Post Office Address							
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City	State	Zip	Country
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**Name of Additional Joint Inventor, if any:** A petition has been filed for this unsigned inventor

Given Name	Michael	Middle Initial	Family Name	KATZ	Suffix e.g. Jr.
------------	---------	----------------	-------------	------	-----------------

Inventor's Signature	Date
----------------------	------

Residence: City	State	Country	Citizenship
-----------------	-------	---------	-------------

Post Office Address							
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Post Office Address							
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City	State	Zip	Country
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 Additional inventors are being named on supplemental sheet(s) attached hereto

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## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name	Hanno	Middle Initial	Family Name	WILD		Suffix e.g. Jr.
Inventor's Signature					Date	
Residence: City		State	Country			Citizenship
Post Office Address						
Post Office Address						
City		State	Zip	Country		
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name	Daniel	Middle Initial	Family Name	ROGERS		Suffix e.g. Jr.
Inventor's Signature					Date	
Residence: City		State	Country			Citizenship
Post Office Address						
Post Office Address						
City		State	Zip	Country		
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name	John	Middle Initial	Family Name	LYONS		Suffix e.g. Jr.
Inventor's Signature	<i>John Lyons</i>				Date	5/5/97
Residence: City	MORAGA	State CA	Country USA			Citizenship IRL
Post Office Address		2038 ASCOT DRIVE # B				
Post Office Address						
City	MORAGA	State CA	Zip 94556	Country USA		
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name	Michael	Middle Initial	Family Name	KATZ		Suffix e.g. Jr.
Inventor's Signature	<i>Michael E. Katz</i>				Date	5/5/97
Residence: City	Wallingford	State CT	Country USA			Citizenship US
Post Office Address		12 Huckleberry Lane				
Post Office Address						
City	Wallingford	State CT	Zip 06492	Country USA		
<input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto						

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## DECLARATION

### ADDITIONAL INVENTOR(S) Supplemental Sheet

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name	Cheri		Middle Initial		Family Name	BLUM					
Inventor's Signature	<i>Cheri L. Blum</i>				Date	5/16/97					
Residence: City	3005 Alameda		State	CA	Country	United States					
Post Office Address	3005 Madison Street										
Post Office Address											
City	Alameda		State	CA	Zip	94501	Country	United States			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name			Middle Initial		Family Name			Suffix e.g. Jr.			
Inventor's Signature					Date						
Residence: City			State		Country			Citizenship			
Post Office Address											
Post Office Address											
City			State		Zip		Country				
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name			Middle Initial		Family Name			Suffix e.g. Jr.			
Inventor's Signature					Date						
Residence: City			State		Country			Citizenship			
Post Office Address											
Post Office Address											
City			State		Zip		Country				
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name			Middle Initial		Family Name			Suffix e.g. Jr.			
Inventor's Signature					Date						
Residence: City			State		Country			Citizenship			
Post Office Address											
Post Office Address											
City			State		Zip		Country				
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto											

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## DECLARATION

### ADDITIONAL INVENTOR(S) Supplemental Sheet

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Hanno	Middle Initial		Family Name	WILD	Suffix e.g. Jr.	
Inventor's Signature	Hanno Wild				Date	5-5-97	
Residence: City	Wuppertal	State		Country	Germany	Citizenship	GERMAN
Post Office Address							
Post Office Address	AUSBLICK 128						
City	WUPPERTAL	State	Zip	42133	Country	GERMANY	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Daniel	Middle Initial		Family Name	ROGERS	Suffix e.g. Jr.	
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State	Zip		Country		
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	John	Middle Initial		Family Name	LYONS	Suffix e.g. Jr.	
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State	Zip		Country		
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Michael	Middle Initial		Family Name	KATZ	Suffix e.g. Jr.	
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State	Zip		Country		
<input checked="" type="checkbox"/>	Additional inventors are being named on supplemental sheet(s) attached hereto						

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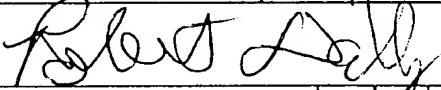
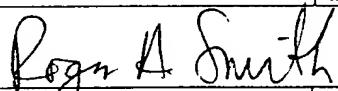
+

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## DECLARATION

## ADDITIONAL INVENTOR(S) Supplemental Sheet

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Yolanda	Middle Initial		Family Name	CARINGAL		Suffix e.g. Jr.
Inventor's Signature					Date		
Residence: City		State		Country			Citizenship
Post Office Address							
Post Office Address							
City		State	Zip		Country		
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Robert	Middle Initial		Family Name	DALLY		Suffix e.g. Jr.
Inventor's Signature					Date	May 6, 1997	
Residence: City	East Haven	State	CT	Country	USA		Citizenship
Post Office Address		86 Allikat Way					
Post Office Address							
City	East Haven	State	CT	Zip	06512	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Wendy	Middle Initial		Family Name	LEE		Suffix e.g. Jr.
Inventor's Signature					Date	May 6, 1997	
Residence: City	HAMDEN	State	CT	Country	USA		Citizenship
Post Office Address		282 EVERGREEN AVENUE					
Post Office Address							
City	HAMDEN	State	CT	Zip	06518	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Roger	Middle Initial	A	Family Name	SMITH		Suffix e.g. Jr.
Inventor's Signature					Date	May 6, 1997	
Residence: City	MADISON	State	CT	Country	USA		Citizenship
Post Office Address		65 WINTERHILL RD.					
Post Office Address		—					
City	MADISON	State	CT	Zip	06443	Country	USA
<input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto							

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## DECLARATION

REGISTERED PRACTITIONER  
INFORMATION  
(Supplemental Sheet)

Name	Registration Number	Name	Registration Number

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